

STROBE Statement—Checklist of Items for Cohort Studies

Manuscript: Endoscopic Versus Open Partial Plantar Fasciectomy for Solitary Plantar Fibromatosis: A Retrospective Cohort Study With Minimum 2-Year Follow-up

Page and line references correspond to the revised manuscript. Items not applicable to this unmatched retrospective cohort are marked N/A.

Section / Topic	Item	STROBE recommendation	Where reported in revised manuscript
Title and abstract	1(a)	Indicate the study's design with a commonly used term in the title or abstract.	Title, Page 1, lines 1–7; Abstract Methods, Page 2, lines 37–42.
Title and abstract	1(b)	Provide in the abstract an informative and balanced summary of what was done and what was found.	Abstract, Pages 2–3, lines 32–61.
Introduction—Background/rationale	2	Explain the scientific background and rationale for the investigation being reported.	Pages 4–5, lines 67–100.
Introduction—Objectives	3	State specific objectives, including any prespecified hypotheses.	Page 5, lines 101–104.
Methods—Study design	4	Present key elements of study design early in the paper.	Page 5, lines 107–116.
Methods—Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	Institutional affiliation/location: Page 1, lines 16–20; treatment period and follow-up: Page 5, lines 107–114; follow-up assessment timing: Page 10, lines 213–218.
Methods—Participants	6(a)	Give eligibility criteria, and sources and methods of selection of participants. Describe methods of follow-up.	Eligibility/exclusions: Page 7, lines 137–156; follow-up duration: Page 5, lines 110–114; scheduled assessment timing: Page 10, lines 213–218.
Methods—Participants	6(b)	For matched studies, give matching criteria and number of exposed and unexposed.	N/A—groups were not matched.
Methods—Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.	MRI recurrence definition: Page 6, lines 124–129; treatment-selection factors: Pages 7–8, lines 158–164; outcomes: Page 10, lines 208–222.
Methods—Data sources/measurement	8	For each variable of interest, give sources of data and details of methods of assessment; describe comparability of assessment methods if there is more than one group.	MRI assessment: Page 6, lines 118–135; clinical scales/timing: Pages 9–10, lines 208–218; pathology margin source: Page 9, lines 194–201.
Methods—Bias	9	Describe any efforts to address potential sources of bias.	Common MRI eligibility criteria and explicit recognition of nonrandom selection: Pages 7–8, lines 158–164; blinded MRI review: Page 6, lines 118–129; limitations: Pages 16–17, lines 374–388.

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Methods—Study size	10	Explain how the study size was arrived at.	Screening and final included cohort: Page 7, lines 152–156; no a priori power calculation: Page 11, line 244.
Methods—Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.	Pages 10–11, lines 224–244.
Methods—Statistical methods	12(a)	Describe all statistical methods, including those used to control for confounding.	Pages 10–11, lines 224–244; LMM specification: lines 230–237.
Methods—Statistical methods	12(b)	Describe any methods used to examine subgroups and interactions.	Group-by-time interaction in LMM: Pages 10–11, lines 230–237; Supplementary Table S1, Pages 26–31.
Methods—Statistical methods	12(c)	Explain how missing data were addressed.	Patients with insufficient follow-up were excluded before final cohort analysis (n = 2): Page 7, lines 152–156; Fig. 5, Page 22. The analyzed cohort is consistently reported as 25 patients in the outcome tables.
Methods—Statistical methods	12(d)	If applicable, explain how loss to follow-up/matching was addressed.	Insufficient follow-up was handled by exclusion before final cohort analysis (n = 2): Page 7, lines 152–156. Matching was not used.
Methods—Statistical methods	12(e)	Describe any sensitivity analyses.	Exact Mann–Whitney sensitivity analysis for the 12-month FAAM-ADL ceiling effect: Page 11, lines 240–243; Results, Page 12, lines 273–275.
Results—Participants	13(a)	Report numbers of individuals at each stage of the study.	63 screened, 38 excluded, 25 analyzed: Page 7, lines 152–156; Fig. 5, Page 22.
Results—Participants	13(b)	Give reasons for non-participation at each stage.	Page 7, lines 152–155; Fig. 5, Page 22.
Results—Participants	13(c)	Consider use of a flow diagram.	Fig. 5, Page 22.
Results—Descriptive data	14(a)	Give characteristics of study participants and information on exposures and potential confounders.	Table 1, Pages 23–24.
Results—Descriptive data	14(b)	Indicate number of participants with missing data for each variable of interest.	No missing outcome data are reported among the 25 included participants; patients with insufficient follow-up were excluded before final analysis (Page 7, lines 152–156; Fig. 5, Page 22).
Results—Descriptive data	14(c)	Summarize follow-up time.	Mean, median, and range: Page 5, lines 110–114; Abstract, Page 3, lines 43–44.
Results—Outcome	15	Report numbers of outcome events or summary	Clinical/operative outcomes: Pages 11–13, lines 247–284; Tables 2–4, Pages 24–

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data		measures over time.	26.
Results—Main results	16(a)	Give unadjusted and, if applicable, adjusted estimates and precision; make clear which confounders were adjusted for and why.	Time-point summaries: Pages 12–13, lines 267–284; LMM fixed-effect estimates and 95% CIs: Supplementary Table S1, Pages 26–31. No covariate-adjusted causal model was prespecified.
Results—Main results	16(b)	Report category boundaries when continuous variables were categorized.	N/A—continuous outcomes were not categorized for primary analyses.
Results—Main results	16(c)	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.	N/A—no relative-risk model was used. Zero-event recurrence uncertainty is contextualized in the Discussion, Page 15, lines 334–343.
Results—Other analyses	17	Report other analyses done, e.g., subgroups, interactions, sensitivity analyses.	Group-by-time interactions: Page 13, lines 279–284; sensitivity analysis: Page 12, lines 273–275; Supplementary Table S1, Pages 26–31.
Discussion—Key results	18	Summarize key results with reference to study objectives.	Page 13, lines 286–295.
Discussion—Limitations	19	Discuss limitations, taking into account sources of potential bias or imprecision; discuss direction and magnitude of possible bias.	Limitations: Pages 16–17, lines 374–388; recurrence uncertainty: Page 15, lines 325–343.
Discussion—Interpretation	20	Give a cautious overall interpretation considering objectives, limitations, multiplicity, similar studies, and other evidence.	Pages 13–17, lines 286–388.
Discussion—Generalisability	21	Discuss the generalisability (external validity) of the study results.	Single-surgeon and selected-solitary-lesion limitations: Pages 16–17, lines 374–388; lesion phenotype context: Page 15, lines 325–343.
Other information—Funding	22	Give the source of funding and the role of the funders for the present study.	Page 33, lines 475–482.

Note: This checklist is intended to improve reporting transparency and does not replace journal-specific submission requirements.